

Permit Number: _____



St. Lucie County
Building & Zoning Department
 2300 Virginia Avenue
 Fort Pierce, FL 34982
 772-462-1553

APPLICATION FOR STORM SHUTTER PERMIT

SEE REVERSE SIDE FOR INSTRUCTIONS

DATE: _____

1. LOCATION/SITE ADDRESS: _____

2. PARCEL ID NUMBER: _____

| | | | | | | | | | | | | | |
|------|--|-----|--|-----|--|-----|--|-----|--|----|--|------|--|
| SECT | | TWP | | RNG | | MAP | | ZNG | | LU | | INIT | |
|------|--|-----|--|-----|--|-----|--|-----|--|----|--|------|--|

3. DESCRIPTION OF PROJECT OR WORK ACTIVITY: _____

4. TYPE OF STRUCTURE: SFR _____ ADDITION _____ OTHER _____

5. OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

6. CONTRACTOR INFORMATION

FL Reg/Cert #: _____

County Cert #: _____

Business Name: _____

Type of Surface attachment: Wood Frame _____ Concrete _____ Masonry _____ Other _____

| Product Type | Maximum Opening Pressure per A.S.C.E.-7 | | | | Product Compliance Report # | | | Method of Attachment As per Product Approval or Engineers Analysis | |
|------------------|---|---------|---------|------------|-----------------------------|--------|-------|--|----------------|
| | 120 mph | 130 mph | 140 mph | 140 Exp. C | FL | N.O.A. | Other | Anchor Type | Anchor Spacing |
| Removable Panels | | | | | | | | | |
| Accordion | | | | | | | | | |
| Roll Up | | | | | | | | | |
| Colonials | | | | | | | | | |
| Other | | | | | | | | | |

ALL PRODUCTS SHALL BE LABELED FOR DETERMINING IMPACT RESISTANCE FROM WIND BORNE DEBRIS.

****SEE FINAL INSPECTION PROCEDURE FOR EXISTING RESIDENTIAL STRUCTURES ON BACK.**

7. VALUE OF CONSTRUCTION: \$ _____ FEES DUE: _____

RECEIPT: _____

OWNER'S AFFIDAVIT: I certify that all of the information contained in this application is correct and that all work will be done in compliance with all applicable laws regulating construction and zoning.

PRINT QUALIFIERS/OWNERS NAME _____ SIGNATURE OF QUALIFIER/OWNER _____
 STATE OF FLORIDA, COUNTY OF _____
 ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20____, BY, _____ WHO IS PERSONALLY KNOWN TO ME
 OR WHO HAS PRODUCED _____ AS IDENTIFICATION.

SIGNATURE OF NOTARY
 TITLE: NOTARY PUBLIC

TYPE OR PRINT NAME OF NOTARY
 COMMISSION NUMBER _____

NOTICE TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

INSTRUCTIONS

Please complete all information in the space provided. All information must be Printed (use black or blue ink only) or Typed.

This application for Shutters to be used for only those activities that is not otherwise included under a primary building permit. This application for Permit may not be used for any activity that includes any type or kind of structural alteration. Building activities involving structural alteration, in addition to the installation of Shutters, must be permitted through the regular building permit review process. The information to be provided with this application includes:

1. LOCATION/SITE ADDRESS:..... Indicate the street address, or general location, of the property on which the building activity is taking place.
2. PARCEL ID NUMBER:..... Indicate the Property Tax Identification Number for the property on which the building activity is taking place.
3. DESCRIPTION OF PROJECT OR WORK ACTIVITY..... Briefly describe the building activity under permit application.
4. OWNERS INFORMATION:..... Indicate the name and address of the owner of the property on which the product is to be installed.
5. CONTRACTORS INFORMATION:..... Indicate the State of Florida (if applicable) and St. Lucie County contractor's registration numbers, and the name of the business doing the work.
6. VALUE OF CONSTRUCTION:..... Indicate the total value of the work to take place. Total cost of construction includes all material and labor costs associated with the building/construction activity. The value of construction is used to determine the amount of permitting fees to be assessed. St. Lucie County reserves the right to question and/or modify the indicated value of construction if it is demonstrated that the submitted figures are not consistent with similar types of construction.

All applications for the installation of Shutters are to be submitted to the St. Lucie County Building and Zoning Department, St. Lucie County Administration Building, 2300 Virginia Avenue, Fort Pierce, FL 34982. All applications for Permits must be complete and filed with the Department no later 4:30 P.M. each business day. **No applications will be accepted for processing after 4:30 P.M.** For assistance in completing this application, please contact the St. Lucie County Building and Zoning Department, at (772) 462-1553, during regular office hours (8:00 AM - 5:00 PM), Monday through Friday.

Following the issuance of this Shutter Permit, the scheduling of all required inspections may be made by calling (772) 462-1261.

INSPECTIONS

**** EXISTING RESIDENCES All shutters must be installed and in place at the time of the final inspection, except for Egress Windows and Doors where one panel must be installed and the remainder must be by the opening for the inspector to verify remaining panels.**

ON NEW HOMES ALL SHUTTER PANELS MUST BE INSTALLED AT TIME OF FINAL INSPECTION OR INSPECTION WILL FAIL AND C.O. WILL NOT BE ISSUED.